

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/463907

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6	1						56						
7		1					57						
8		2					58						
9	1						59						
10		1					60						
11		2					61						
12		2					62						
13	1						63						
14		1					64						
15		2					65						
16		2					66						
17		2					67						
18		2					68						
19		2					69						
20	1	2					70						
21		1					71						
22		2					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27	1	2					77						
28		1					78						
29		2					79						
30		2					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		10					TOTAL DEP.						
TOTAL CLAIMS	1	10					TOTAL CLAIMS						